

TennCare Companion Guide

**837 Health Care Claim : Professional
V5010X222A1**

Version: 1.0 Final

Author:	Edifecs, Inc.
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Trading Partner:	Fee For Service Partners
Notes:	

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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837

Health Care Claim: Professional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required

<u>LOOP ID - 1000A</u>					<u>1</u>	<u>N1/0200L</u>	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	O	2			Required

<u>LOOP ID - 1000B</u>					<u>1</u>	<u>N1/0200L</u>	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<u>LOOP ID - 2000A</u>					<u>≥1</u>		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
<u>LOOP ID - 2010AA</u>					<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	O	1			Required
0350	REF	Billing Provider UPIN/License Information	O	2			Situational
0400	PER	Billing Provider Contact Information	O	2			Situational

LOOP ID - 2010AB					<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Pay-to Address Name	O	1		N2/0150	Situational
0250	N3	Pay-To Address - ADDRESS	O	1			Required
0300	N4	Pay-to Address City, State, ZIP Code	O	1			Required
LOOP ID - 2010AC					<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Pay-To Plan Name	O	1		N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1			Required
0300	N4	Pay-To Plan City, State, ZIP Code	O	1			Required
0350	REF	Pay-To Plan Secondary Identification	O	1			Situational
0350	REF	Pay-To Plan Tax Identification Number	O	1			Required
LOOP ID - 2000B					<u>≥1</u>		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required
0070	PAT	Patient Information	O	1			Situational
LOOP ID - 2010BA					<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP Code	O	1			Situational
0320	DMG	Subscriber Demographic Information	O	1			Situational
0350	REF	Subscriber Secondary Identification	O	1			Situational
0350	REF	Property and Casualty Claim Number	O	1			Situational
0400	PER	Property and Casualty Subscriber Contact Information	O	1			Situational
LOOP ID - 2010BB					<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Payer Name	O	1		N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary Identification	O	2			Situational
LOOP ID - 2300					<u>100</u>		
1300	CLM	Claim Information	O	1			Required
1350	DTP	Date - Onset of Current Illness or Symptom	O	1			Situational
1350	DTP	Date - Initial Treatment Date	O	1			Situational
1350	DTP	Date - Last Seen Date	O	1			Situational
1350	DTP	Date - Acute Manifestation	O	1			Situational
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Last Menstrual Period	O	1			Situational
1350	DTP	Date - Last X-ray Date	O	1			Situational
1350	DTP	Date - Hearing and Vision Prescription Date	O	1			Situational
1350	DTP	Date - Disability Dates	O	1			Situational
1350	DTP	Date - Last Worked	O	1			Situational
1350	DTP	Date - Authorized Return to	O	1			Situational

		Work				
1350	DTP	Date - Admission	O	1		Situational
1350	DTP	Date - Discharge	O	1		Situational
1350	DTP	Date - Assumed and Relinquished Care Dates	O	2		Situational
1350	DTP	Property and Casualty Date of First Contact	O	1		Situational
1350	DTP	Date - Repricer Received Date	O	1		Situational
1550	PWK	Claim Supplemental Information	O	10		Situational
1600	CN1	Contract Information	O	1		Situational
1750	AMT	Patient Amount Paid	O	1		Situational
1800	REF	Service Authorization Exception Code	O	1		Situational
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1		Situational
1800	REF	Mammography Certification Number	O	1		Situational
1800	REF	Referral Number	O	1		Situational
1800	REF	Prior Authorization	O	1		Situational
1800	REF	Payer Claim Control Number	O	1		Situational
1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		Situational
1800	REF	Repriced Claim Number	O	1		Situational
1800	REF	Adjusted Repriced Claim Number	O	1		Situational
1800	REF	Investigational Device Exemption Number	O	1		Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		Situational
1800	REF	Medical Record Number	O	1		Situational
1800	REF	Demonstration Project Identifier	O	1		Situational
1800	REF	Care Plan Oversight	O	1		Situational
1850	K3	File Information	O	10		Situational
1900	NTE	Claim Note	O	1		Situational
1950	CR1	Ambulance Transport Information	O	1	N2/1950	Situational
2000	CR2	Spinal Manipulation Service Information	O	1		Situational
2200	CRC	Ambulance Certification	O	3		Situational
2200	CRC	Patient Condition Information: Vision	O	3		Situational
2200	CRC	Homebound Indicator	O	1		Situational
2200	CRC	EPSDT Referral	O	1		Situational
2310	HI	Health Care Diagnosis Code	O	1		Required
2310	HI	Anesthesia Related Procedure	O	1		Situational
2310	HI	Condition Information	O	2		Situational
2410	HCP	Claim Pricing/Repricing Information	O	1		Situational
LOOP ID - 2310A				2	N2/2500L	
2500	NM1	Referring Provider Name	O	1	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3		Situational
LOOP ID - 2310B				1	N2/2500L	

2500	NM1	Rendering Provider Name	O	1	N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1		Situational
2710	REF	Rendering Provider Secondary Identification	O	4		Situational
LOOP ID - 2310C				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Service Facility Location Name	O	1	N2/2500	Situational
2650	N3	Service Facility Location Address	O	1		Required
2700	N4	Service Facility Location City, State, ZIP Code	O	1		Required
2710	REF	Service Facility Location Secondary Identification	O	3		Situational
2750	PER	Service Facility Contact Information	O	1		Situational
LOOP ID - 2310D				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Supervising Provider Name	O	1	N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4		Situational
LOOP ID - 2310E				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Ambulance Pick-up Location	O	1	N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	O	1		Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		Required
LOOP ID - 2310F				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Ambulance Drop-off Location	O	1	N2/2500	Situational
2650	N3	Ambulance Drop-off Location Address	O	1		Required
2700	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		Required
LOOP ID - 2320				<u>10</u>	<u>N2/2900L</u>	
2900	SBR	Other Subscriber Information	O	1	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5		Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		Situational
3000	AMT	Remaining Patient Liability	O	1		Situational
3100	OI	Other Insurance Coverage Information	O	1		Required
3200	MOA	Outpatient Adjudication Information	O	1		Situational
LOOP ID - 2330A				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Subscriber Name	O	1	N2/3250	Required
3320	N3	Other Subscriber Address	O	1		Situational
3400	N4	Other Subscriber City, State, ZIP Code	O	1		Situational
3550	REF	Other Subscriber Secondary Identification	O	1		Situational
LOOP ID - 2330B				<u>1</u>	<u>N2/3250L</u>	

3250	NM1	Other Payer Name	O	1	N2/3250	Required
3320	N3	Other Payer Address	O	1		Situational
3400	N4	Other Payer City, State, ZIP Code	O	1		Situational
3500	DTP	Claim Check or Remittance Date	O	1		Situational
3550	REF	Other Payer Secondary Identifier	O	2		Situational
3550	REF	Other Payer Prior Authorization Number	O	1		Situational
3550	REF	Other Payer Referral Number	O	1		Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1		Situational
3550	REF	Other Payer Claim Control Number	O	1		Situational
LOOP ID - 2330C				<u>2</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Referring Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		Required
LOOP ID - 2330D				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Rendering Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3		Required
LOOP ID - 2330E				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Service Facility Location	O	1	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		Required
LOOP ID - 2330F				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Supervising Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3		Required
LOOP ID - 2330G				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Billing Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2		Required
LOOP ID - 2400				<u>50</u>	<u>N2/3650L</u>	
3650	LX	Service Line Number	O	1	N2/3650	Required
3700	SV1	Professional Service	O	1		Required
4000	SV5	Durable Medical Equipment Service	O	1		Situational
4200	PWK	Line Supplemental Information	O	10		Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1		Situational
4250	CR1	Ambulance Transport	O	1	N2/4250	Situational

		Information				
4350	CR3	Durable Medical Equipment Certification	O	1		Situational
4500	CRC	Ambulance Certification	O	3		Situational
4500	CRC	Hospice Employee Indicator	O	1		Situational
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1		Situational
4550	DTP	Date - Service Date	O	1		Required
4550	DTP	Date - Prescription Date	O	1		Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1		Situational
4550	DTP	Date - Begin Therapy Date	O	1		Situational
4550	DTP	Date - Last Certification Date	O	1		Situational
4550	DTP	Date - Last Seen Date	O	1		Situational
4550	DTP	Date - Test Date	O	2		Situational
4550	DTP	Date - Shipped Date	O	1		Situational
4550	DTP	Date - Last X-ray Date	O	1		Situational
4550	DTP	Date - Initial Treatment Date	O	1		Situational
4600	QTY	Ambulance Patient Count	O	1		Situational
4600	QTY	Obstetric Anesthesia Additional Units	O	1		Situational
4620	MEA	Test Result	O	5		Situational
4650	CNI	Contract Information	O	1		Situational
4700	REF	Repriced Line Item Reference Number	O	1		Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		Situational
4700	REF	Prior Authorization	O	5		Situational
4700	REF	Line Item Control Number	O	1		Situational
4700	REF	Mammography Certification Number	O	1		Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1		Situational
4700	REF	Immunization Batch Number	O	1		Situational
4700	REF	Referral Number	O	5		Situational
4750	AMT	Sales Tax Amount	O	1		Situational
4750	AMT	Postage Claimed Amount	O	1		Situational
4800	K3	File Information	O	10		Situational
4850	NTE	Line Note	O	1		Situational
4850	NTE	Third Party Organization Notes	O	1		Situational
4880	PS1	Purchased Service Information	O	1		Situational
4920	HCP	Line Pricing/Repricing Information	O	1		Situational
LOOP ID - 2410				<u>1</u>	<u>N2/4930L</u>	
4930	LIN	Drug Identification	O	1	N2/4930	Situational
4940	CTP	Drug Quantity	O	1		Required
4950	REF	Prescription or Compound Drug Association Number	O	1		Situational
LOOP ID - 2420A				<u>1</u>	<u>N2/5000L</u>	
5000	NMI	Rendering Provider Name	O	1	N2/5000	Situational

5050	PRV	Rendering Provider Specialty Information	O	1		Situational
5250	REF	Rendering Provider Secondary Identification	O	20		Situational
LOOP ID - 2420B				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Purchased Service Provider Name	O	1	N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	O	20		Situational
LOOP ID - 2420C				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Service Facility Location	O	1	N2/5000	Situational
5140	N3	Service Facility Location Address	O	1		Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1		Required
5250	REF	Service Facility Location Secondary Identification	O	3		Situational
LOOP ID - 2420D				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Supervising Provider Name	O	1	N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	O	20		Situational
LOOP ID - 2420E				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Ordering Provider Name	O	1	N2/5000	Situational
5140	N3	Ordering Provider Address	O	1		Situational
5200	N4	Ordering Provider City, State, ZIP Code	O	1		Situational
5250	REF	Ordering Provider Secondary Identification	O	20		Situational
5300	PER	Ordering Provider Contact Information	O	1		Situational
LOOP ID - 2420F				<u>2</u>	<u>N2/5000L</u>	
5000	NM1	Referring Provider Name	O	1	N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20		Situational
LOOP ID - 2420G				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Ambulance Pick-up Location	O	1	N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	O	1		Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		Required
LOOP ID - 2420H				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Ambulance Drop-off Location	O	1	N2/5000	Situational
5140	N3	Ambulance Drop-off Location Address	O	1		Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		Required
LOOP ID - 2430				<u>15</u>	<u>N2/5400L</u>	
5400	SVD	Line Adjudication Information	O	1	N2/5400	Situational
5450	CAS	Line Adjustment	O	5		Situational
5500	DTP	Line Check or Remittance Date	O	1		Required
5505	AMT	Remaining Patient Liability	O	1		Situational

LOOP ID - 2440				≥1	N2/5510L	
5510	LQ	Form Identification Code	O	1	N2/5510	Situational
5520	FRM	Supporting Documentation	M	99	N2/5520	Required
LOOP ID - 2000C				≥1		
0010	HL	Patient Hierarchical Level	O	1		Situational
0070	PAT	Patient Information	O	1		Required
LOOP ID - 2010CA				1	N2/0150L	
0150	NM1	Patient Name	O	1	N2/0150	Required
0250	N3	Patient Address	O	1		Required
0300	N4	Patient City, State, ZIP Code	O	1		Required
0320	DMG	Patient Demographic Information	O	1		Required
0350	REF	Property and Casualty Claim Number	O	1		Situational
0350	REF	Property and Casualty Patient Identifier	O	1		Situational
0400	PER	Property and Casualty Patient Contact Information	O	1		Situational
LOOP ID - 2300				100		
1300	CLM	Claim Information	O	1		Required
1350	DTP	Date - Onset of Current Illness or Symptom	O	1		Situational
1350	DTP	Date - Initial Treatment Date	O	1		Situational
1350	DTP	Date - Last Seen Date	O	1		Situational
1350	DTP	Date - Acute Manifestation	O	1		Situational
1350	DTP	Date - Accident	O	1		Situational
1350	DTP	Date - Last Menstrual Period	O	1		Situational
1350	DTP	Date - Last X-ray Date	O	1		Situational
1350	DTP	Date - Hearing and Vision Prescription Date	O	1		Situational
1350	DTP	Date - Disability Dates	O	1		Situational
1350	DTP	Date - Last Worked	O	1		Situational
1350	DTP	Date - Authorized Return to Work	O	1		Situational
1350	DTP	Date - Admission	O	1		Situational
1350	DTP	Date - Discharge	O	1		Situational
1350	DTP	Date - Assumed and Relinquished Care Dates	O	2		Situational
1350	DTP	Property and Casualty Date of First Contact	O	1		Situational
1350	DTP	Date - Repricer Received Date	O	1		Situational
1550	PWK	Claim Supplemental Information	O	10		Situational
1600	CN1	Contract Information	O	1		Situational
1750	AMT	Patient Amount Paid	O	1		Situational
1800	REF	Service Authorization Exception Code	O	1		Situational
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1		Situational
1800	REF	Mammography Certification Number	O	1		Situational
1800	REF	Referral Number	O	1		Situational
1800	REF	Prior Authorization	O	1		Situational
1800	REF	Payer Claim Control Number	O	1		Situational

1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		Situational
1800	REF	Repriced Claim Number	O	1		Situational
1800	REF	Adjusted Repriced Claim Number	O	1		Situational
1800	REF	Investigational Device Exemption Number	O	1		Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		Situational
1800	REF	Medical Record Number	O	1		Situational
1800	REF	Demonstration Project Identifier	O	1		Situational
1800	REF	Care Plan Oversight	O	1		Situational
1850	K3	File Information	O	10		Situational
1900	NTE	Claim Note	O	1		Situational
1950	CR1	Ambulance Transport Information	O	1	N2/1950	Situational
2000	CR2	Spinal Manipulation Service Information	O	1		Situational
2200	CRC	Ambulance Certification	O	3		Situational
2200	CRC	Patient Condition Information: Vision	O	3		Situational
2200	CRC	Homebound Indicator	O	1		Situational
2200	CRC	EPSDT Referral	O	1		Situational
2310	HI	Health Care Diagnosis Code	O	1		Required
2310	HI	Anesthesia Related Procedure	O	1		Situational
2310	HI	Condition Information	O	2		Situational
2410	HCP	Claim Pricing/Repricing Information	O	1		Situational
LOOP ID - 2310A				<u>2</u>	<u>N2/2500L</u>	
2500	NM1	Referring Provider Name	O	1	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3		Situational
LOOP ID - 2310B				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Rendering Provider Name	O	1	N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1		Situational
2710	REF	Rendering Provider Secondary Identification	O	4		Situational
LOOP ID - 2310C				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Service Facility Location Name	O	1	N2/2500	Situational
2650	N3	Service Facility Location Address	O	1		Required
2700	N4	Service Facility Location City, State, ZIP Code	O	1		Required
2710	REF	Service Facility Location Secondary Identification	O	3		Situational
2750	PER	Service Facility Contact Information	O	1		Situational
LOOP ID - 2310D				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Supervising Provider Name	O	1	N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4		Situational

LOOP ID - 2310E		1			N2/2500L	
2500	NM1	Ambulance Pick-up Location	O	1	N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	O	1		Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		Required
LOOP ID - 2310F		1			N2/2500L	
2500	NM1	Ambulance Drop-off Location	O	1	N2/2500	Situational
2650	N3	Ambulance Drop-off Location Address	O	1		Required
2700	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		Required
LOOP ID - 2320		10			N2/2900L	
2900	SBR	Other Subscriber Information	O	1	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5		Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		Situational
3000	AMT	Remaining Patient Liability	O	1		Situational
3100	OI	Other Insurance Coverage Information	O	1		Required
3200	MOA	Outpatient Adjudication Information	O	1		Situational
LOOP ID - 2330A		1			N2/3250L	
3250	NM1	Other Subscriber Name	O	1	N2/3250	Required
3320	N3	Other Subscriber Address	O	1		Situational
3400	N4	Other Subscriber City, State, ZIP Code	O	1		Situational
3550	REF	Other Subscriber Secondary Identification	O	1		Situational
LOOP ID - 2330B		1			N2/3250L	
3250	NM1	Other Payer Name	O	1	N2/3250	Required
3320	N3	Other Payer Address	O	1		Situational
3400	N4	Other Payer City, State, ZIP Code	O	1		Situational
3500	DTP	Claim Check or Remittance Date	O	1		Situational
3550	REF	Other Payer Secondary Identifier	O	2		Situational
3550	REF	Other Payer Prior Authorization Number	O	1		Situational
3550	REF	Other Payer Referral Number	O	1		Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1		Situational
3550	REF	Other Payer Claim Control Number	O	1		Situational
LOOP ID - 2330C		2			N2/3250L	
3250	NM1	Other Payer Referring Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		Required

<u>LOOP ID - 2330D</u>				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Rendering Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3		Required
<u>LOOP ID - 2330E</u>				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Service Facility Location	O	1	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		Required
<u>LOOP ID - 2330F</u>				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Supervising Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3		Required
<u>LOOP ID - 2330G</u>				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Billing Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2		Required
<u>LOOP ID - 2400</u>				<u>50</u>	<u>N2/3650L</u>	
3650	LX	Service Line Number	O	1	N2/3650	Required
3700	SV1	Professional Service	O	1		Required
4000	SV5	Durable Medical Equipment Service	O	1		Situational
4200	PWK	Line Supplemental Information	O	10		Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1		Situational
4250	CR1	Ambulance Transport Information	O	1	N2/4250	Situational
4350	CR3	Durable Medical Equipment Certification	O	1		Situational
4500	CRC	Ambulance Certification	O	3		Situational
4500	CRC	Hospice Employee Indicator	O	1		Situational
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1		Situational
4550	DTP	Date - Service Date	O	1		Required
4550	DTP	Date - Prescription Date	O	1		Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1		Situational
4550	DTP	Date - Begin Therapy Date	O	1		Situational
4550	DTP	Date - Last Certification Date	O	1		Situational
4550	DTP	Date - Last Seen Date	O	1		Situational
4550	DTP	Date - Test Date	O	2		Situational
4550	DTP	Date - Shipped Date	O	1		Situational
4550	DTP	Date - Last X-ray Date	O	1		Situational
4550	DTP	Date - Initial Treatment Date	O	1		Situational
4600	QTY	Ambulance Patient Count	O	1		Situational
4600	QTY	Obstetric Anesthesia Additional Units	O	1		Situational

4620	MEA	Test Result	O	5		Situational
4650	CN1	Contract Information	O	1		Situational
4700	REF	Repriced Line Item Reference Number	O	1		Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		Situational
4700	REF	Prior Authorization	O	5		Situational
4700	REF	Line Item Control Number	O	1		Situational
4700	REF	Mammography Certification Number	O	1		Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1		Situational
4700	REF	Immunization Batch Number	O	1		Situational
4700	REF	Referral Number	O	5		Situational
4750	AMT	Sales Tax Amount	O	1		Situational
4750	AMT	Postage Claimed Amount	O	1		Situational
4800	K3	File Information	O	10		Situational
4850	NTE	Line Note	O	1		Situational
4850	NTE	Third Party Organization Notes	O	1		Situational
4880	PS1	Purchased Service Information	O	1		Situational
4920	HCP	Line Pricing/Repricing Information	O	1		Situational
LOOP ID - 2410				<u>1</u>	<u>N2/4930L</u>	
4930	LIN	Drug Identification	O	1	N2/4930	Situational
4940	CTP	Drug Quantity	O	1		Required
4950	REF	Prescription or Compound Drug Association Number	O	1		Situational
LOOP ID - 2420A				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Rendering Provider Name	O	1	N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1		Situational
5250	REF	Rendering Provider Secondary Identification	O	20		Situational
LOOP ID - 2420B				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Purchased Service Provider Name	O	1	N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	O	20		Situational
LOOP ID - 2420C				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Service Facility Location	O	1	N2/5000	Situational
5140	N3	Service Facility Location Address	O	1		Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1		Required
5250	REF	Service Facility Location Secondary Identification	O	3		Situational
LOOP ID - 2420D				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Supervising Provider Name	O	1	N2/5000	Situational
5250	REF	Supervising Provider	O	20		Situational

Secondary Identification						
LOOP ID - 2420E				1	N2/5000L	
5000	NM1	Ordering Provider Name	O	1	N2/5000	Situational
5140	N3	Ordering Provider Address	O	1		Situational
5200	N4	Ordering Provider City, State, ZIP Code	O	1		Situational
5250	REF	Ordering Provider Secondary Identification	O	20		Situational
5300	PER	Ordering Provider Contact Information	O	1		Situational
LOOP ID - 2420F				2	N2/5000L	
5000	NM1	Referring Provider Name	O	1	N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20		Situational
LOOP ID - 2420G				1	N2/5000L	
5000	NM1	Ambulance Pick-up Location	O	1	N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	O	1		Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		Required
LOOP ID - 2420H				1	N2/5000L	
5000	NM1	Ambulance Drop-off Location	O	1	N2/5000	Situational
5140	N3	Ambulance Drop-off Location Address	O	1		Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		Required
LOOP ID - 2430				15	N2/5400L	
5400	SVD	Line Adjudication Information	O	1	N2/5400	Situational
5450	CAS	Line Adjustment	O	5		Situational
5500	DTP	Line Check or Remittance Date	O	1		Required
5505	AMT	Remaining Patient Liability	O	1		Situational
LOOP ID - 2440				>1	N2/5510L	
5510	LQ	Form Identification Code	O	1	N2/5510	Situational
5520	FRM	Supporting Documentation	M	99	N2/5520	Required
5550	SE	Transaction Set Trailer	M	1		Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required
Description: Code identifying the type of information in the Authorization Information TennCare Notes: Preferred value is '00'						
		<u>Code</u>	<u>Name</u>			
		00	No Authorization Information Present (No Meaningful Information in I02)			
		03	Additional Data Identification			
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
Description: Code identifying the type of information in the Security Information TennCare Notes: Preferred value is '00'						
		<u>Code</u>	<u>Name</u>			
		00	No Security Information Present (No Meaningful Information in I04)			
		01	Password			
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ'						
		<u>Code</u>	<u>Name</u>			
		01	Duns (Dun & Bradstreet)			
		14	Duns Plus Suffix			
		20	Health Industry Number (HIN)			
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)			
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)			
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)			
		30	U.S. Federal Tax Identification Number			
		33	National Association of Insurance Commissioners Company Code (NAIC)			
		ZZ	Mutually Defined			
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element TennCare Notes: This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.						

ISA07	I05	Interchange ID Qualifier Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ'	M	ID	2/2	Required																				
<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>01</td><td>Duns (Dun & Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>29</td><td>Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>33</td><td>National Association of Insurance Commissioners Company Code (NAIC)</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>							<u>Code</u>	<u>Name</u>	01	Duns (Dun & Bradstreet)	14	Duns Plus Suffix	20	Health Industry Number (HIN)	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	30	U.S. Federal Tax Identification Number	33	National Association of Insurance Commissioners Company Code (NAIC)	ZZ	Mutually Defined
<u>Code</u>	<u>Name</u>																									
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ZZ	Mutually Defined																									
ISA08	I07	Interchange Receiver ID Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them TennCare Notes: It will be TennCare's ID '626001445TC' for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound Transactions.	M	AN	15/15	Required																				
ISA13	I12	Interchange Control Number Description: A control number assigned by the interchange sender TennCare Notes: System generated	M	N0	9/9	Required																				
ISA15	I14	Interchange Usage Indicator Description: Code indicating whether data enclosed by this interchange envelope is test, production or information TennCare Notes: Use 'T' for Test Transactions and 'P' for Production Transactions.	M	ID	1/1	Required																				
<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>P</td><td>Production Data</td></tr><tr><td>T</td><td>Test Data</td></tr></table>							<u>Code</u>	<u>Name</u>	P	Production Data	T	Test Data														
<u>Code</u>	<u>Name</u>																									
P	Production Data																									
T	Test Data																									

GS

Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required**Purpose:** To indicate the beginning of a functional group and to provide control information**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required
Description: Code identifying party sending transmission; codes agreed to by trading partners						
TennCare Notes: Same as ISA06.						
GS03	124	Application Receiver's Code	M	AN	2/15	Required
Description: Code identifying party receiving transmission; codes agreed to by trading partners						
TennCare Notes: Same as ISA08.						

ST

Transaction Set Header

Pos: 0050	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required**Purpose:** To indicate the start of a transaction set and to assign a control number**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set						
TennCare Notes: Unique number assigned by sender. Must be identical to SE02.						

BHT Beginning of Hierarchical Transaction

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier TennCare Notes: <i>Batch Control #</i>	O	AN	1/50	Required								
BHT04	373	Date Description: Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year TennCare Notes: <i>CCYYMMDD</i>	O	DT	8/8	Required								
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) TennCare Notes: <i>HHMM is a possible format</i>	O	TM	4/8	Required								
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction Fee for Service Notes: Error Message: <i>BHT06 code Invalid. Valid Transaction Type Code for TennCare is 'CH'.</i> Description: <i>Valid Transaction Type Code for TennCare is 'CH'</i>	O	ID	2/2	Required								
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>31</td><td>Subrogation Demand</td></tr><tr><td>CH</td><td>Chargeable</td></tr><tr><td>RP</td><td>Reporting</td></tr></table>	<u>Code</u>	<u>Name</u>	31	Subrogation Demand	CH	Chargeable	RP	Reporting				
<u>Code</u>	<u>Name</u>													
31	Subrogation Demand													
CH	Chargeable													
RP	Reporting													

NM1 Submitter Name

Pos: 0200	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 7

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Required

Description: Code identifying a party or other code

TennCare Notes: This value will be the Trading Partner ID/Submitter ID. Same as ISA06.

NM1 Receiver Name

Pos: 0200	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM103	1035	Name Last or Organization Name	X	AN	1/60	Required

Description: Individual last name or organizational name

TennCare Notes: TENNCARE

NM109	67	Identification Code	X	AN	2/80	Required
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Description: Code identifying a party or other code

TennCare Notes: Receiver Code. Same as ISA08. '626001445TC'

PRV Billing Provider Specialty Information

Pos: 0030	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV03	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Taxonomy code is required on FFS claims in 2000A when Rendering Provider = Billing/Pay-To Provider and 2310B is not used.

ExternalCodeList

Name: 682

Description: Health Care Provider Taxonomy

N3**Billing Provider Address**

Pos: 0250	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required**Purpose:** To specify the location of the named party**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required

Description: Address information**Fee for Service Notes:** The billing provider's address for FFS claims.**N4****Billing Provider City, State, ZIP Code**

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 5

User Option (Usage): Required**Purpose:** To specify the geographic place of the named party**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country**Fee for Service Notes:****Error Message:** Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.**Description:** If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit**ExternalCodeList****Name:** 5**Description:** Countries, Currencies and Funds**REF****Billing Provider Tax Identification**

Pos: 0350	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required**Purpose:** To specify identifying information**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification**TennCare Notes:** 5010 valid values are 'EI', 'SY'**Code**

<u>Code</u>	<u>Name</u>
EI	Employer's Identification Number
SY	Social Security Number

NM1 Pay-to Address Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
TennCare Notes: Pay-to provider can be sent sometimes on TennCare						
		<u>Code</u>		<u>Name</u>		
		87		Pay-to Provider		

N4 Pay-to Address City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational
Description: Code identifying the country						
Fee for Service Notes:						
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.						
Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.						
ExternalCodeList						
Name: 5						
Description: Countries, Currencies and Funds						

N4 Pay-To Plan City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AC	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational
Description: Code identifying the country						

Fee for Service Notes:

Error Message: Country Code N404 Invalid.
TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

SBR

Subscriber Information

Pos: 0050	Max: 1
Detail – Optional	
Loop: 2000B	Elements: 6

User Option (Usage): Required

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SBR01	1138	Payer Responsibility Sequence Number Code	M	ID	1/1	Required
Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim						
TennCare Notes: 'P' or 'S' or 'T' required						
		<u>Code</u> <u>Name</u>				
		A Payer Responsibility Four				
		B Payer Responsibility Five				
		C Payer Responsibility Six				
		D Payer Responsibility Seven				
		E Payer Responsibility Eight				
		F Payer Responsibility Nine				
		G Payer Responsibility Ten				
		H Payer Responsibility Eleven				
		P Primary				
		S Secondary				
		T Tertiary				
		U Unknown				
SBR02	1069	Individual Relationship Code	O	ID	2/2	Situational
Description: Code indicating the relationship between two individuals or entities						
TennCare Notes: '18' required if the patient is a subscriber or a dependent.						
		<u>Code</u> <u>Name</u>				
		18 Self				
SBR05	1336	Insurance Type Code	O	ID	1/3	Situational
Description: Code identifying the type of insurance policy within a specific insurance program						
TennCare Notes: TennCare currently uses its subscriber number to reference any insurance type information housed in its own files						

<u>Code</u>	<u>Name</u>
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS) or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

SBR09 1032 **Claim Filing Indicator Code** O ID 1/2 Situational

Description: Code identifying type of claim

TennCare Notes: 'MC'

<u>Code</u>	<u>Name</u>
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Campus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

NM1 Subscriber Name

Pos: 0150	Max: 1
Detail – Optional	
Loop: 2010BA	Elements: 8

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Situational

Description: Code identifying a party or other code

Fee for Service Notes:

Error Message:

TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.

Description:

2010BA NM109 where NM108=MI (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11

NM1 Payer Name

Pos: 0150	Max: 1
Detail – Optional	
Loop: 2010BB	Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM103	1035	Name Last or Organization Name	X	AN	1/60	Required

Description: Individual last name or organizational name

TennCare Notes: TENNCARE

NM108	66	Identification Code Qualifier	X	ID	1/2	Required
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Description: Code designating the system/method of code structure used for Identification Code (67)

TennCare Notes: 'PI'

Code

PI

Name

Payor Identification

XV

Centers for Medicare and Medicaid Services PlanID

NM109	67	Identification Code	X	AN	2/80	Required
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Description: Code identifying a party or other code

TennCare Notes: '626001445'

ExternalCodeList

Name: 540

Description: Centers for Medicare and Medicaid Services PlanID

CLM Claim Information

Pos: 1300	Max: 1
Detail – Optional	
Loop: 2300	Elements: 11

User Option (Usage): Required

Purpose: To specify basic data about the claim

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CLM02	782	Monetary Amount	O	R	1/18	Required
Description: Monetary amount						
TennCare Notes: <i>Total Billed Amount.</i>						

DTP Date - Onset of Current Illness or Symptom

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						
TennCare Notes: <i>Symptom Date</i>						

DTP Date - Initial Treatment Date

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						
TennCare Notes: <i>Initial treatment date</i>						

DTP Date - Last Seen Date

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: *Referral Date*

DTP Date – Accident

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: *Translator will need to separate date and time and map*

DTP Date - Disability Dates

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: *Disability begin/end date*

DTP Date - Last Worked

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: *Last worked date*

DTP Date - Admission

Pos: 1350	Max: 1
Detail – Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: *Required on Ambulance, Other claims, Medicare cross over claims*

DTP Date – Discharge

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP03	1251	Date Time Period	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: *Ambulance and other claims discharge date*

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *HP assigned ICN when an adjustment or a void is sent.*

NTE Claim Note

Pos: 1900	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE01	363	Note Reference Code	O	ID	3/3	Required

Description: Code identifying the functional area or purpose for which the note applies

TennCare Notes: *'ADD' Additional Information*

<u>Code</u>	<u>Name</u>
ADD	Additional Information
CER	Certification Narrative
	Description: <i>Any notes associated with the certification involved</i>
DCP	Goals, Rehabilitation Potential, or Discharge Plans

		DGN	Diagnosis Description				
			Description: Verbal description of the condition involved				
		TPO	Third Party Organization Notes				
NTE02	352	Description		M	AN	1/80	Required
		Description: A free-form description to clarify the related data elements and their content TennCare Notes: Sub-component 1(required): date-time stamp: CCYYMMDDhhmmssnn (up to 16 digits) Sub-component 2(optional): preceded by sub-component separator; 'paper' for paper claims, i.e. 2007082209200112:PAPER					

NM1 Referring Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	X	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67) TennCare Notes: Provider NPI Number Only				
		<u>Code</u>		<u>Name</u>		
		XX		Centers for Medicare and Medicaid Services National Provider Identifier		

REF Referring Provider Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: Medicaid ID is required with REF01 = G2.				

NM1 Rendering Provider Name

Pos: 2500	Max: 1
Detail - Optional	

Loop: 2310B	Elements: 8
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User Option (Usage): Situational**Purpose:** To supply the full name of an individual or organizational entity**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

TennCare Notes: *This segment is required when NM1 info. is different than carried at 2010AA Billing Provider NMILoop.*

<u>Code</u>	<u>Name</u>
82	Rendering Provider

PRV Rendering Provider Specialty Information

Pos: 2550	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 3

User Option (Usage): Situational**Purpose:** To specify the identifying characteristics of a provider**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV03	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Taxonomy code is required on FFS claims in 2310B when Rendering Provider NOT= Billing/Pay-To Provider and 2000A is not used.*

ExternalCodeList**Name:** 682**Description:** Health Care Provider Taxonomy

REF Rendering Provider Secondary Identification

Pos: 2710	Max: 4
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational**Purpose:** To specify identifying information**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Fee for Service Notes: *1. G2 - TennCare ID, with G2 MCCs submit their monthly Provider*

Enrollment file.

2. Medicaid ID may be provided when available.

5010 valid values are: '0B', '1G', 'G2', 'LU'

<u>Code</u>	<u>Name</u>
0B	State License Number
1G	Provider UPIN Number
G2	Provider Commercial Number
	Description: A unique number assigned to a provider by a commercial insurer
LU	Location Number

N4

Service Facility Location City, State, ZIP Code

Pos: 2700	Max: 1
Detail - Optional	
Loop: 2310C	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid.
TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

REF

Service Facility Location Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310C	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified

by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required with REF01 = 'G2'.*

N4 Ambulance Pick-up Location City, State, Zip Code

Pos: 2700	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: *Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.*

Description: *If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.*

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

N4 Ambulance Drop-off Location City, State, Zip Code

Pos: 2700	Max: 1
Detail - Optional	
Loop: 2310F	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: *Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.*

Description: *If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.*

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

SBR Other Subscriber Information

Pos: 2900	Max: 1
Detail - Optional	
Loop: 2320	Elements: 6

User Option (Usage): Situational

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																																										
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Fee for Service Notes: <i>TennCare is the payer of last resort.</i>	M	ID	1/1	Required																																										
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>A</td><td>Payer Responsibility Four</td></tr><tr><td>B</td><td>Payer Responsibility Five</td></tr><tr><td>C</td><td>Payer Responsibility Six</td></tr><tr><td>D</td><td>Payer Responsibility Seven</td></tr><tr><td>E</td><td>Payer Responsibility Eight</td></tr><tr><td>F</td><td>Payer Responsibility Nine</td></tr><tr><td>G</td><td>Payer Responsibility Ten</td></tr><tr><td>H</td><td>Payer Responsibility Eleven</td></tr><tr><td>P</td><td>Primary</td></tr><tr><td>S</td><td>Secondary</td></tr><tr><td>T</td><td>Tertiary</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	<u>Code</u>	<u>Name</u>	A	Payer Responsibility Four	B	Payer Responsibility Five	C	Payer Responsibility Six	D	Payer Responsibility Seven	E	Payer Responsibility Eight	F	Payer Responsibility Nine	G	Payer Responsibility Ten	H	Payer Responsibility Eleven	P	Primary	S	Secondary	T	Tertiary	U	Unknown																				
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SBR03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: <i>TPL Information.</i>	O	AN	1/50	Situational																																										
SBR09	1032	Claim Filing Indicator Code Description: Code identifying type of claim Fee for Service Notes: <i>'MC'</i>	O	ID	1/2	Situational																																										
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AM	Automobile Medical																																															
BL	Blue Cross/Blue Shield																																															
CH	Champus																																															
CI	Commercial Insurance Co.																																															
DS	Disability																																															
FI	Federal Employees Program																																															
HM	Health Maintenance Organization																																															
LM	Liability Medical																																															
MA	Medicare Part A																																															
MB	Medicare Part B																																															
MC	Medicaid																																															
OF	Other Federal Program																																															
TV	Title V																																															

VA Veterans Affairs Plan
 WC Workers' Compensation Health Claim
 ZZ Mutually Defined

NM1 Other Subscriber Name

Pos: 3250 Max: 1
 Detail - Optional
 Loop: 2330A Elements: 8

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	X	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

TennCare Notes: 5010 valid values: 'II', 'MI'

<u>Code</u>	<u>Name</u>
II	Standard Unique Health Identifier for each Individual in the United States
MI	Member Identification Number

REF Other Subscriber Secondary Identification

Pos: 3550 Max: 1
 Detail - Optional
 Loop: 2330A Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

TennCare Notes: 'SY' for social security number.

<u>Code</u>	<u>Name</u>
SY	Social Security Number

REF Other Payer Referring Provider Secondary Identification

Pos: 3550 Max: 3
 Detail - Optional
 Loop: 2330C Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is required

with REF01 = 'G2'.

REF Other Payer Rendering Provider Secondary Identification

Pos: 3550 Max: 3
Detail - Optional
Loop: 2330D Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is required with REF01 = 'G2'.

REF Other Payer Service Facility Location Secondary Identification

Pos: 3550 Max: 3
Detail - Optional
Loop: 2330E Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is required with REF01 = 'G2'.

SV1 Professional Service

Pos: 3700 Max: 1
Detail - Optional
Loop: 2400 Elements: 10

User Option (Usage): Required

Purpose: To specify the service line item detail for a health care professional

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV102	782	Monetary Amount	O	R	1/18	Required

Description: Monetary amount

TennCare Notes: Line Level Billed Amount

SV104	380	Quantity	X	R	1/15	Required
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Description: Numeric value of quantity

Fee for Service Notes:

Error Message: Service Line Quantity Cannot Be Less Than or Equal to Zero

Description: If the service line Quantity

		amount is equal to zero or less than zero, set the edit. 837P (2400 SV104).				
SV109	1073	Yes/No Condition or Response Code	O	ID	1/1	Situational
		Description: Code indicating a Yes or No condition or response				
		TennCare Notes: <i>Required when known to be an emergency.</i>				
		<u>Code</u>		<u>Name</u>		
		Y		Yes		
SV115	1327	Copay Status Code	O	ID	1/1	Situational
		Description: Code indicating whether or not co-payment requirements were met on a line by line basis				
		TennCare Notes: <i>Indicate copay limit</i>				
		<u>Code</u>		<u>Name</u>		
		0		Copay exempt		
		Description: <i>No copayment is required of patient for this service</i>				

NTE Line Note

Pos: 4850	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NTE01	363	Note Reference Code	O	ID	3/3	Required						
Description: Code identifying the functional area or purpose for which the note applies												
TennCare Notes: ‘ADD’ Additional Information												
<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>ADD</td><td>Additional Information</td></tr><tr><td>DCP</td><td>Goals, Rehabilitation Potential, or Discharge Plans</td></tr></table>							<u>Code</u>	<u>Name</u>	ADD	Additional Information	DCP	Goals, Rehabilitation Potential, or Discharge Plans
<u>Code</u>	<u>Name</u>											
ADD	Additional Information											
DCP	Goals, Rehabilitation Potential, or Discharge Plans											
NTE02	352	Description	M	AN	1/80	Required						
Description: A free-form description to clarify the related data elements and their content												
TennCare Notes: <i>Date & time stamp: CCYYMMDDHHMMSShh or a sequential number(s) must be provided. The length limit is 16 digits.</i>												

NTE Third Party Organization Notes

Pos: 4850	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE02	352	Description	M	AN	1/80	Required

Description: A free-form description to clarify the related data elements and their content

TennCare Notes: *It is optional and needs to be preceded by sub-component separator; 'paper' for paper claims, NSF' for a non-standard format claims transferred electronically. example, 2005110210305501:NSF*

LIN Drug Identification

Pos: 4930	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

Purpose: To specify basic item identification data

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LIN02	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) TennCare Notes: <i>LIN segment required for all J-codes</i>	M	ID	2/2	Required
		Code		Name		
		EN		EAN/UCC – 13 Description: <i>Data structure for the 13 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN)</i>		
		EO		EAN/UCC – 8 Description: <i>Data structure for the 8 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN)</i>		
		HI		HIBC (Health Care Industry Bar Code) Supplier Labeling Standard Primary Data Message Description: <i>The primary data message consists of the LIC (Labeler Identification Code), product catalog number, and unit-of-measure identifier</i>		
		N4		National Drug Code in 5-4-2 Format Description: <i>5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size</i>		
		ON		Customer Order Number		
		UK		GTIN 14-digit Data Structure Description: <i>Data structure for the 14 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Item Number (GTIN)</i>		
		UP		UCC – 12 Description: <i>Data structure for the 12 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN). Also known as the Universal Product Code (U.P.C.)</i>		
LIN03	234	Product/Service ID Description: Identifying number for a product or service TennCare Notes: <i>11 bytes for NDC code</i> ExternalCodeList Name: 240 Description: National Drug Code by Format	M	AN	1/48	Required

CTP Drug Quantity

Pos: 4940	Max: 1
Detail – Optional	
Loop: 2410	Elements: 2

User Option (Usage): Required

Purpose: To specify pricing information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>												
CTP04	380	Quantity Description: Numeric value of quantity TennCare Notes: CTP segment required when LIN is present	X	R	1/15	Required												
CTP05	C001	Composite Unit of Measure Description: To identify a composite unit of measure (See Figures Appendix for examples of use) TennCare Notes: CTP segment required when LIN is present	X	Comp		Required												
CTP05-01	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken TennCare Notes: 5010 valid values: 'F2', 'GR', 'ME', 'ML', 'UN'	M	ID	2/2	Required												
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>F2</td><td>International Unit Description: A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin</td></tr><tr><td>GR</td><td>Gram</td></tr><tr><td>ME</td><td>Milligram</td></tr><tr><td>ML</td><td>Milliliter</td></tr><tr><td>UN</td><td>Unit</td></tr></table>	<u>Code</u>	<u>Name</u>	F2	International Unit Description: A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin	GR	Gram	ME	Milligram	ML	Milliliter	UN	Unit				
<u>Code</u>	<u>Name</u>																	
F2	International Unit Description: A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin																	
GR	Gram																	
ME	Milligram																	
ML	Milliliter																	
UN	Unit																	

NM1 Rendering Provider Name

Pos: 5000	Max: 1
Detail – Optional	
Loop: 2420A	Elements: 8

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual TennCare Notes: <i>This segment is required when NM1 info. is different than NM1 info. carried at 2010AA Billing Provider or 2310B Rendering Provider Loop.</i>	M	ID	2/3	Required				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>82</td><td>Rendering Provider</td></tr></table>	<u>Code</u>	<u>Name</u>	82	Rendering Provider				
<u>Code</u>	<u>Name</u>									
82	Rendering Provider									

PRV Rendering Provider Specialty Information

Pos: 5050 Max: 1
Detail – Optional
Loop: 2420A Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV03	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: <i>Taxonomy Code is required on FFS claims.</i>						
ExternalCodeList Name: 682 Description: Health Care Provider Taxonomy						

REF Rendering Provider Secondary Identification

Pos: 5250 Max: 20
Detail - Optional
Loop: 2420A Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: <i>Medicaid ID is required with REF01 = G2.</i>						

NM1 Service Facility Location

Pos: 5000 Max: 1
Detail - Optional
Loop: 2420C Elements: 5

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	X	ID	1/2	Situational
Description: Code designating the system/method of code structure used for Identification Code (67) TennCare Notes: <i>NPI Number only</i>						
Code Name XX Centers for Medicare and Medicaid Services National Provider Identifier						

N4 Service Facility Location City, State, ZIP Code

Pos: 5200	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid.
TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

REF Supervising Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420D	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is required with REF01 = G2.

N4 Ordering Provider City, State, ZIP Code

Pos: 5200	Max: 1
Detail - Optional	
Loop: 2420E	Elements: 5

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid.
TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

N4

Ambulance Pick-up Location City, State, Zip Code

Pos: 5200	Max: 1
Detail - Optional	
Loop: 2420G	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid.
TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

N4

Ambulance Drop-off Location City, State, Zip Code

Pos: 5200	Max: 1
Detail - Optional	
Loop: 2420H	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country

Fee for Service Notes:

Error Message: Country Code N404 Invalid.
TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail – Optional	
Loop: 2430	Elements: 5

User Option (Usage): Situational

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVD05	380	Quantity	O	R	1/15	Required

Description: Numeric value of quantity

TennCare Notes:

-999,999.99<=values>=999,999.99

PAT

Pos: 0070	Max: 1
Detail – Optional	
Loop: 2000C	Elements: 6

User Option (Usage): Required

Purpose: To supply patient information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PAT01	1069	Individual Relationship Code	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

TennCare Notes: In TennCare, the only non-subscriber patient (dependant) allowed is a new born of less than 30 days old. The patient info is in 2010 CA. It can happen in both Encounters and FFS.

<u>Code</u>	<u>Name</u>
-------------	-------------

01	Spouse
----	--------

19	Child
----	-------

Description: Dependent between the ages of 0 and 19; age qualifications may vary depending on policy

20	Employee
----	----------

21	Unknown
----	---------

39	Organ Donor
----	-------------

Description: Individual receiving medical service in order to donate organs for a transplant

40	Cadaver Donor
----	---------------

Description: Deceased individual donating body to be used for research or transplants

53	Life Partner
----	--------------

G8	Other Relationship
----	--------------------

NM1 Patient Name

Pos: 0150	Max: 1
Detail – Optional	
Loop: 2010CA	Elements: 6

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

TennCare Notes: Loop 2000CA when newborns are reported under mother's SSN, which can be for both Encounters and FFS.

<u>Code</u>	<u>Name</u>
QC	Patient

Description: Individual receiving medical care

DMG Patient Demographic Information

Pos: 0320	Max: 1
Detail – Optional	
Loop: 2010CA	Elements: 3

User Option (Usage): Required

Purpose: To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG02	1251	Date Time Period	X	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

TennCare Notes: Newborn's DOB